



## SUNDAY SCHOOL REGISTRATION

### Our Mission

Minister to and inspire our youth to assimilate Orthodox thought and theology and participate in the liturgical, sacramental, and communal life of the Orthodox Church.

PARENT(S) NAME(S): \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS, CITY, ST, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)

EMAIL ADDRESS: \_\_\_\_\_

We welcome students ages 3 (as of March 31 of the current year) through age 18

1<sup>ST</sup> CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL GRADE: \_\_\_\_\_

BAPTIZED OR CHRISMATED ORTHODOX: \_\_\_\_\_ YES \_\_\_\_\_ NO

NOTE FOOD ALLERGIES/MEDICAL CONDITIONS \_\_\_\_\_

2nd CHILD'S NAME: \_\_\_\_\_

CHILD'S BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL GRADE: \_\_\_\_\_

BAPTIZED OR CHRISMATED ORTHODOX: \_\_\_\_\_ YES \_\_\_\_\_ NO

NOTE FOOD ALLERGIES/MEDICAL CONDITIONS \_\_\_\_\_

3rd CHILD'S NAME: \_\_\_\_\_

CHILD'S BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL GRADE: \_\_\_\_\_

BAPTIZED OR CHRISMATED ORTHODOX: \_\_\_\_\_ YES \_\_\_\_\_ NO

NOTE FOOD ALLERGIES/MEDICAL CONDITIONS \_\_\_\_\_